

EXHIBIT 2

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B 25C (Official Form 25C) (12/08)

UNITED STATES BANKRUPTCY COURT

Southern District of Mississippi

In re Slabbed New Media, LLC*Debtor*Case No. 15-50963-KMS

Small Business Case under Chapter 11

SMALL BUSINESS MONTHLY OPERATING REPORT

Month: June 2015Date filed: July 9, 2015Line of Business: Internet News PublishingNAISC Code: 519130

IN ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED STATES CODE, I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THE FOLLOWING SMALL BUSINESS MONTHLY OPERATING REPORT AND THE ACCOMPANYing ATTACHMENTS AND, TO THE BEST OF MY KNOWLEDGE, THESE DOCUMENTS ARE TRUE, CORRECT AND COMPLETE.

RESPONSIBLE PARTY:



Douglas Handshoe

2015.07.09 16:51:33 -05'00'

Original Signature of Responsible Party

Douglas Handshoe, Managing Member

Printed Name of Responsible Party

Questionnaire: (All questions to be answered on behalf of the debtor.)

	Yes	No
1. IS THE BUSINESS STILL OPERATING?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. HAVE YOU PAID ALL YOUR BILLS ON TIME THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. DID YOU PAY YOUR EMPLOYEES ON TIME? N/A	<input type="checkbox"/>	<input type="checkbox"/>
4. HAVE YOU DEPOSITED ALL THE RECEIPTS FOR YOUR BUSINESS INTO THE DIP ACCOUNT THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. HAVE YOU FILED ALL OF YOUR TAX RETURNS AND PAID ALL OF YOUR TAXES THIS MONTH	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. HAVE YOU TIMELY FILED ALL OTHER REQUIRED GOVERNMENT FILINGS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. HAVE YOU PAID ALL OF YOUR INSURANCE PREMIUMS THIS MONTH? N/A	<input type="checkbox"/>	<input type="checkbox"/>
8. DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. ARE YOU CURRENT ON YOUR QUARTERLY FEE PAYMENT TO THE U.S. TRUSTEE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. HAVE YOU PAID ANYTHING TO YOUR ATTORNEY OR OTHER PROFESSIONALS THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPENSES THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. HAS THE BUSINESS SOLD ANY GOODS OR PROVIDED SERVICES OR TRANSFERRED ANY ASSETS TO ANY BUSINESS RELATED TO THE DIP IN ANY WAY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DIP ACCOUNT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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14. HAVE YOU SOLD ANY ASSETS OTHER THAN INVENTORY THIS MONTH? ☐ ☒
15. DID ANY INSURANCE COMPANY CANCEL YOUR POLICY THIS MONTH? *N/A* ☐ ☐
16. HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH? ☐ ☒
17. HAS ANYONE MADE AN INVESTMENT IN YOUR BUSINESS THIS MONTH? ☐ ☒
18. HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY? ☐ ☒

TAXES

DO YOU HAVE ANY PAST DUE TAX RETURNS OR PAST DUE POST-PETITION TAX OBLIGATIONS? ☐ ☒

IF YES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING WHEN SUCH RETURNS WILL BE FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR THE PAYMENT.

*(Exhibit A)***INCOME**

PLEASE SEPARATELY LIST ALL OF THE INCOME YOU RECEIVED FOR THE MONTH. THE LIST SHOULD INCLUDE ALL INCOME FROM CASH AND CREDIT TRANSACTIONS. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)*

TOTAL INCOME \$ 100.00**SUMMARY OF CASH ON HAND**Cash on Hand at Start of Month \$ 94.75Cash on Hand at End of Month \$ 0.00PLEASE PROVIDE THE TOTAL AMOUNT OF CASH CURRENTLY AVAILABLE TO YOU TOTAL \$ 281.25*(Exhibit B)***EXPENSES**

PLEASE SEPARATELY LIST ALL EXPENSES PAID BY CASH OR BY CHECK FROM YOUR BANK ACCOUNTS THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE PURPOSE AND THE AMOUNT. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)*

TOTAL EXPENSES \$ 68.75*(Exhibit C)***CASH PROFIT**INCOME FOR THE MONTH *(TOTAL FROM EXHIBIT B)* \$ 100.00EXPENSES FOR THE MONTH *(TOTAL FROM EXHIBIT C)* \$ 68.75*(Subtract Line C from Line B)* CASH PROFIT FOR THE MONTH \$ 31.25

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UNPAID BILLS

PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)*

TOTAL PAYABLES \$ 0.00*(Exhibit D)***MONEY OWED TO YOU**

PLEASE ATTACH A LIST OF ALL AMOUNTS OWED TO YOU BY YOUR CUSTOMERS FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED AND WHEN IS PAYMENT DUE. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)*

TOTAL RECEIVABLES \$ 0.00*(Exhibit E)***BANKING INFORMATION**

PLEASE ATTACH A COPY OF YOUR LATEST BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT OR HAD DURING THE PERIOD COVERED BY THIS REPORT.

*(Exhibit F)***EMPLOYEES**

NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED?	<u>0</u>
NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT?	<u>0</u>

PROFESSIONAL FEES***BANKRUPTCY RELATED:***

PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD?	\$ <u>0.00</u>
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TOTAL PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE?	\$ <u>0.00</u>
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NON-BANKRUPTCY RELATED:

PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD?	\$ <u>0.00</u>
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TOTAL PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE?	\$ <u>0.00</u>
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PROJECTIONS

COMPARE YOUR ACTUAL INCOME AND EXPENSES TO THE PROJECTIONS FOR THE FIRST 180 DAYS OF YOUR CASE PROVIDED AT THE INITIAL DEBTOR INTERVIEW.

	Projected	Actual	Difference
INCOME	\$ 0.00	\$ 100.00	\$ 100.00
EXPENSES	\$ 0.00	\$ 0.00	\$ 0.00
CASH PROFIT	\$ 0.00	\$ 100.00	\$ 100.00

TOTAL PROJECTED INCOME FOR THE NEXT MONTH:	\$ 325.00
TOTAL PROJECTED EXPENSES FOR THE NEXT MONTH:	\$ 10.00
TOTAL PROJECTED CASH PROFIT FOR THE NEXT MONTH:	\$ 315.00

ADDITIONAL INFORMATION

PLEASE ATTACH ALL FINANCIAL REPORTS INCLUDING AN INCOME STATEMENT AND BALANCE SHEET WHICH YOU PREPARE INTERNALLY.

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Slabbed New Media, LLC
Balance Sheet
June 30, 2015

ASSETS**Current Assets**

Cash and cash equivalents	\$ 281
Judgments Receivable	<u>48,000</u>

Total Current Assets	<u>\$ 48,281</u>
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TOTAL ASSETS	<u>\$ 48,281</u>
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LIABILITIES AND STOCKHOLDER'S EQUITY**Current Liabilities**

Trade Accounts Payable	<u>\$ 53,479</u>
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Total Current Liabilities	<u>\$ 53,479</u>
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TOTAL LIABILITIES	<u>\$ 53,479</u>
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MEMBER'S EQUITY

Member's Equity	<u>(5,198)</u>
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TOTAL MEMBER'S EQUITY	<u>\$ (5,198)</u>
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TOTAL LIABILITIES AND STOCKHOLDER'S EQUITY	<u>\$ 48,281</u>
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SLABBED NEW MEDIA, LLC
STATEMENT OF INCOME AND MEMBER'S EQUITY
TWO WEEKS AND SIX MONTHS ENDED JUNE 30, 2015

	<u>2015</u>	
	<u>June 17 to June 30</u>	<u>Year to Date</u>
Reader Support Revenue	100	\$ 969
Cost of Revenues:		
Journalism and Freelance Expenses	<u>-</u>	<u>32</u>
GROSS PROFIT	<u>100</u>	<u>937</u>
General and administrative expenses:		
Advertising	-	80
Dues and Subscriptions	-	195
Office Expense	69	69
Professional Fees		16,238
Webhosting & Internet Expenses	<u>-</u>	<u>90</u>
Total General and Administrative Expenses	<u>69</u>	<u>16,672</u>
INCOME (LOSS) FROM OPERATIONS	<u>31</u>	<u>(15,735)</u>
NET INCOME (LOSS)	<u>\$ 31</u>	<u>\$ (15,735)</u>
MEMBER'S EQUITY		
January 1, 2015		(5,321)
Member Capital Contributions, net		<u>15,858</u>
June 30, 2015		<u>\$ (5,198)</u>

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**SLABBED NEW MEDIA, LLC
STATEMENT OF CASH FLOWS
SIX MONTHS ENDED JUNE 30, 2015**

CASH FLOWS FROM OPERATING ACTIVITIES	
Collections from readers	\$ 969
Paid to suppliers	<u>(16,624)</u>
NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES	<u>(15,655)</u>
CASH FLOWS FROM INVESTING ACTIVITIES	
Cash Capital Contributions by owner	<u>15,858</u>
NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	<u>15,858</u>
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	203
CASH AND CASH EQUIVALENTS AT JANUARY 1, 2015	<u>78</u>
CASH AND CASH EQUIVALENTS AT JUNE 15, 2015	<u>\$ 281</u>

**RECONCILIATION OF NET INCOME TO NET CASH FLOWS FROM
OPERATING ACTIVITIES**

NET INCOME (LOSS)	\$ (15,735)
Adjustments to reconcile net income to net cash flows from operating activities:	
INCREASE (DECREASE) IN:	
Trade Accounts Payable	<u>80</u>
NET CASH FLOWS FROM OPERATING ACTIVITIES	<u>\$ (15,655)</u>

Schedule of non cash investing activities.

None in the Six Months Ended June 30, 2015

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Slabbed New Media, LLC
Reconciliation Summary
100 - Cash Hancock Bank, Period Ending 06/30/2015

	<u>Jun 30, 15</u>
Beginning Balance	0.00
Cleared Transactions	
Checks and Payments - 1 Item	-68.75
Deposits and Credits - 3 Items	<u>350.00</u>
Total Cleared Transactions	<u>281.25</u>
Cleared Balance	<u>281.25</u>
Register Balance as of 06/30/2015	281.25
Ending Balance	281.25

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Slabbed New Media, LLC
Reconciliation Detail
100 - Cash Hancock Bank, Period Ending 06/30/2015

Type	Date	Num	Name	Clr	Amount	Balance
Beginning Balance						0.00
Cleared Transactions						
Checks and Payments - 1 item						
Check	06/24/2015	DRAFT	Harland Clark	X	-68.75	-68.75
Total Checks and Payments					-68.75	-68.75
Deposits and Credits - 3 items						
Check	06/17/2015	49	Slabbed New Media ...	X	94.75	94.75
Deposit	06/17/2015		Douglas Handshoe	X	155.25	250.00
Deposit	06/29/2015			X	100.00	350.00
Total Deposits and Credits					350.00	350.00
Total Cleared Transactions					281.25	281.25
Cleared Balance					281.25	281.25
Register Balance as of 06/30/2015					281.25	281.25
Ending Balance					281.25	281.25

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Hancock Bank, a trade
name of Whitney Bank



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Statements Dates
06/18/2015 - 06/30/2015

Account Number:
.5114

Images:
0

***ZERO CHECKS* E0**

Return Service Requested

1 001000 001
SLABBED NEW MEDIA LLC
DEBTOR IN POSSESSION
CASE NO 15-50963-KMS
PO BOX 788
WIGGINS MS 39577

WE'RE READY TO LEND WITH GREAT RATES ON PERSONAL LOANS.
TO APPLY CALL 1-800-965-LOAN. NORMAL CREDIT CRITERIA APPLY.

Checking Account Summary

PREVIOUS BALANCE	.00	AVERAGE BALANCE
+ 2 CREDITS	350.00	229.91
- 1 DEBITS	68.75	YTD INTEREST PAID
- SERVICE CHARGES	.00	.00
+ INTEREST PAID	.00	
ENDING BALANCE	281.25	

***** CHECKING ACCOUNT TRANSACTIONS *****

● **Deposits and Other Credits**

Date	Amount	Description	Date	Amount	Description
06/17	250.00	DEPOSIT	06/29	100.00	DEPOSIT

● **Other Debits**

Date	Amount	Description	Date	Amount	Description
06/24	68.75	CHK ORDERS HARLAND CLARKE			

● **Balance By Date**

Date	Balance	Date	Balance	Date	Balance
06/17	.00	06/24	181.25		
06/17	250.00	06/29	281.25		

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In Case of Errors or Questions About Your Electronic Transfers, Telephone or Write us at the Address listed as soon as you can if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we send you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 30 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

Notice About Electronic Check Conversion

Notice About Electronic Check Conversion
When you provide a check payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

Handyline Information

Handyline Information

Interest Charges: Interest Charges have been computed on your Handyline Account by applying each Daily Periodic Rate disclosed on the face of this statement to the Daily Balance of your Account over the current billing cycle, and then multiplying the resulting product by the number of days in the billing cycle. The Daily Balance of your Account has been computed by totaling the "Closing Principal Balance" of your Account for each day of your billing cycle and dividing the resulting total by the number of days in the billing cycle.

The closing Principal Balance of your Account for each day of the billing cycle was computed by taking into consideration payments, credits, loan advances and other debits posted to your account over the billing cycle, but disregarding any unpaid interest charges. Interest Charges have been assessed on new loans and other debits under your Account from date of posting and there is not a time period within which payments may be made in order to completely avoid interest charges.

Provided you have not made at least the minimum payment due within fourteen days of the statement date:

1. If you have an unsecured Handyline Account, your checking account has been charged with a minimum payment equal to 1/20th of the disclosed New Balance on the face of this statement (less any amount disputed by you), or \$25.00, whichever is greater. If the New Balance of your Account was less than \$25.00, your checking account has been charged for the entire New Balance (less any amount disputed by you).
2. If you have a secured Handyline Account, your checking account has been charged with a minimum payment equal to 1/50th of the disclosed New Balance on the face of this statement (less any amount disputed by you), or \$100.00, whichever is greater. If the New Balance of your Account was less than \$100.00, your checking account has been charged for the entire New Balance (less any amount disputed by you).

You have the option to make additional payments in excess of the minimum payment on your Handyline Account in any amount and at any time, thus reducing your exposure to additional interest charges. Payments should be mailed to: Lending Services, P.O. Box 4070, Gulfport, MS 39502, Attn: Handyline. Payments we receive at the above address by 10:00 A.M. will be credited to your Handyline Account as of the date of receipt. Handyline payments made at other bank locations will be promptly credited to your Account, but in no event longer than five (5) days after receipt.

What To Do If You Think You Find A Mistake On Your Statement

If you think there is an error on your statement, write to us at: Hancock Bank/Whitney Bank Lending Services, P.O. Box 4019, Gulfport, MS 39502-0420.

- **Account information:** Your name and account number.
- **Dollar amount:** The dollar amount of the suspected error.
- **Description of Problem:** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. Hancock Bank customers may call us at 1-800-448-8812 and Whitney Bank customers may call us at 1-800-844-4450, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

THIS FORM IS PROVIDED TO HELP YOU BALANCE YOUR BANK STATEMENT

CHECKS/DEBIT TRANSACTIONS OUTSTANDING THIS

MONTH
(Not charged to your account as of statement date)

Check# or Transaction Type (Ex. ATM/Debit)	Transaction Amount (Dollars--\$)
TOTAL	

TO BALANCE FOLLOW THESE SIMPLE STEPS

- | | | |
|---|----|----|
| 1. Bank Balance as shown-this statement | \$ | |
| 2. Record Deposits Not Credited During This Statement Cycle | \$ | |
| | \$ | |
| | \$ | |
| 3. Add Total of Deposits Not Credited | + | \$ |
| 4. Subtract Total Outstanding Checks/Debits | - | \$ |
| 5. Balance | = | \$ |

This balance should agree with your checkbook balance. Remember to deduct service charges/fees (if any) shown on your statement this month.